

UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER

Automated External Defibrillator Policy

Purpose

Automated External Defibrillators (AED's) can be life saving devices for persons suffering from Sudden Cardiac Arrest (SCA). The University of Oklahoma Health Sciences Center (OUHSC) recognizes having AED's on campus serve to enhance life safety by enabling users to administer defibrillation in a SCA emergency, if possible, prior to the arrival of emergency responders.

This policy establishes guidelines for standardizing and maintaining AED's on the OUHSC campus.

Objective

OUHSC departments in pursuit of, or in possession of AED's, shall meet the requirements as set forth in this policy. This does not preclude departments from having more stringent internal policies in place based on the type of their current AED.

Requirements

Oklahoma AED Law – 76 O.S. §-5A – Emergency Care or Treatment by Use of Automated External Defibrillator.

Campus AED locations within our facilities shall be provided to the proper emergency responders (OUHSC Police Department).

AED Purchasing Protocols

The use of the building, building size, the number of occupied levels and general layout of the building should all be used as determining factors for AED spacing and quantity.

- A. Departments and/or groups which purchase an AED must complete the Defibrillator Registration Form and e-mail the completed form to the OUHSC Office of Enterprise Risk Management for record keeping. The OUHSC Police Department must also be emailed a copy for informational purposes and for emergency response, in keeping with the Oklahoma AED Law. (*see the Defibrillator Registration Form, Attachment "A"*).
- B. Departments pursuing AEDs shall be financially responsible for purchasing and maintaining AEDs and ensuring that any designated staff are properly trained in CPR and the use of AEDs. This includes the purchase cost of the AEDs, the replacement of integral components such as batteries, electrodes and any other necessary accessory items, and all associated training costs for designated employees.

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- C. The department(s) pursuing AEDs shall designate a Site/Area Coordinator on their Registration form, submitted to the OUHSC Office of Enterprise Risk Management and the OUHSC Police Department.
- D. The Office of Enterprise Risk Management maintains a list of recommended AEDs and AED vendors. Please contact the office at (405)271-3287 for more information.
- E. Existing AED brands, currently in place, may continue to be used provided that their CPR prompts are in accordance with the current criteria and if they are maintained in accordance with their manufacturer's recommendations.
- F. Helpful external resources:
 - a. http://www.cpr-savers.com/AED-Comparison-Page_ep_44-1.html
 - b. <http://www.aed.com/aed-buyers-guide/brands/comparison>
 - c. https://www.aedpeople.com/AED_Buying_Guide.pdf

Site/Area Coordinators

Each department/college/office/clinic with an AED must designate a Site/Area Coordinator who shall be responsible for compliance with the OUHSC AED Policy, including but not limited to, record keeping, maintenance and testing of the AED, and completing the regular inspections in accordance with the manufacturer's recommendations and requirements.

- A. The Site/Area Coordinator or designee will have the following areas of responsibility:
 - 1. AED site location
 - 2. Inspections and maintenance
 - a. The Site/Area Coordinator is responsible for inspecting AEDs on a regular basis in accordance with the manufacturer's recommendations. Batteries are to be replaced as necessary. Pads are to be replaced after use and/or as required by expiration dates. An inspection record and AED maintenance history shall be documented and retained by the department (*see AED Inspection Form, Attachment "B"*). At a minimum, AED's should be inspected and checked utilizing attachment B, on a monthly basis.
 - b. If an AED has a dead battery or other impairment and is not completely functional then it shall be removed and taken out of service until it can be fully operational or replaced.

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3. Ensuring that the designated users are properly trained and certified in American Heart Association or American Red Cross approved training, and maintain proficiency and retraining in CPR and AED usage.
 - a. For suggestions on American Red Cross certified trainers around the OUHSC campus, please contact Enterprise Risk Management.
4. Reporting to the Department of Enterprise Risk Management
 - a. Site/Area Coordinators shall provide an annual report to the Department of Enterprise Risk Management and the OUHSC Police Department, which includes depicting AED makes & models, total count, building location, the AEDs location within the building, maintenance checks, and designated staff training records (*see Annual Report Form, Attachment "C"*).
 - b. Departments which have AEDs installed in affiliated buildings, outside locations, mobile vehicles, etc. shall identify and establish a Site/Area Coordinator who will meet the responsibilities of that position.

Locations of and Installing AEDs

- A. It is recommended but not required that the AED's are located in public areas and are placed in protected cabinets and clearly marked "AED."
- B. AED's located in clinical areas shall be placed on "crash carts" and/or where clinical staff are aware.
- C. An inventory of AED locations will be maintained by the OUHSC Police Department and the OUHSC Office of Enterprise Risk Management.
- D. AEDs must be registered with the OUHSC Office of Enterprise Risk Management and the OUHSC Police Department regardless of whether it was purchased or donated. (*see Defibrillator Registration Form, Attachment "A"*)

Use of AEDs

Recognizing that any person(s) potentially may have the need to use an AED and since a standard AED prompt command is to continue CPR, it is therefore essential that designated University staff be qualified to administer CPR and in the use of an AED. Training may be received through certain university departments or other sources. For more information, contact the Office of Enterprise Risk Management at 271-3287.

Any emergency use of an AED shall be reported to the OUHSC Office of Enterprise Risk Management and the OUHSC Police Department by the Site/Area Coordinator or a designee. If space allows, please keep a few blank copies of the appropriate form in the AED cabinet at all times. (*See Defibrillation Utilization Form, Attachment "D"*).

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Defibrillator Registration Form

Department Name: _____

Department Address:

Street *City* *State* *Zip*

Site/Area Coordinator: _____

Coordinator Phone: _____ Coordinator Email: _____

What is the primary function of the department/facility?

In what type of area will the AED(s) be available (i.e., office, clinic, public assembly)?

What type(s) of defibrillator(s) will you be using and where?

AED #	Defibrillator Brand/Model	Specific Location	Individual responsible for maintenance and training for this AED.

Indicate how you plan to ensure the monitor is operated by trained AED users and how this training will be obtained.

Are your AED users current in CPR training? Yes No

If not, explain: _____

Do you have a maintenance service and testing agreement for your AED? Yes No

If no, please describe provisions for unit maintenance and testing.

Attachment A

Defibrillator Registration Form – Cont.

This provider agrees to:

1. Take reasonable measures to assure the AED is used by trained AED users.
2. Maintain documentation in accordance with the OUHSC Automated Defibrillator Policy.
3. Maintain, service, and test the AED according to manufacturer’s guidelines.
Submit documentation to the Office of Enterprise Risk Management and the OUHSC Police Department of any event, incident or situation that results in the use of possible use of the AED.

Signature: _____ Date: _____

Title: _____

This report must be submitted to the OUHSC Office of Enterprise Risk Management

Office of Enterprise Risk Management
865 Research Parkway, Suite 520
Oklahoma City, OK. 73104
Office: 405.271.3287
Fax: 405.271.3208

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AED Inspection Form

Inspected by: _____ Date of Inspection: _____
 Building: _____ Specific Location: _____
 Unit #: _____ Brand/Model: _____ Serial #: _____

Use the following maintenance checklist when you check your unit in accordance with the manufacture’s recommendation and OUHSC AED Policy.

Check the Following	Pass	Fail	N/A	Comments
Is the green check showing that the unit is ready to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the unit clean, undamaged, and free of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any cracks or loose parts in the housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that electrodes are within their expiration dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all cables free of cracks, cuts and exposed or broken wires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn the unit on and off and verify the green check indicates ready for use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries within expiration date. Replace if expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check for adequate supplies (mask, gloves, extra batteries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm on AED box operates correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cleaning the Unit

- After each use, clean and disinfect the unit with a soft, damp cloth using 90% isopropyl alcohol, or soap and water, or chlorine bleach and water mixture (30ml/liter water).
- Do not immerse any part of the unit in water.
- Do not use ketones (MEK, acetone, etc) to clean unit.
- Avoid using abrasives (e.g., paper towel) on the display window or IrDa port.
- Do not sterilize the device.

***Utilize this form when filling out AED Annual Report**

Attachment B

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List any service items to any AED's that have taken place in the last year. For example, if you replaced the pads or batteries, list as "pad" or "battery" replaced and note the date when they were replaced. Also note if the unit was replaced or taken out of service.

AED #	Brand/Model	Location of AED	Description of Service Performed	Date

Have designated employees that are identified to respond to sudden cardiac arrests (SCA's) maintained current CPR/AED certifications for the current year?

If "no", what is the plan to update all employee certifications?

Acknowledgement Signatures

This report reviewed by:

Site Coordinator Date

Dean/Director or VP Date

This report must be submitted each June to the Office of Enterprise Risk Management

Office of Enterprise Risk Management
865 Research Parkway, Suite 520
Oklahoma City, OK. 73104
Office: 405.271.3287
Fax: 405.271.3208

Attachment C

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Defibrillation Utilization Form

Department: _____ Date/time
of Incident: _____

Location of Utilization: _____

Name of and contact information for the individual that received AED assistance ("Individual"), if known: _____

Name of and contact information for person(s) who found the Individual: _____

Name of and contact information for person(s) who determined Individual was unresponsive: _____

Name of and contact information for person(s) who operated the AED: _____

Did Individual have a pulse? Yes No How was the pulse checked? _____
Was the Individual breathing? Yes No How was the breathing checked? _____
Was EMS (911) called? Yes No If yes, what time did that happen? _____

Briefly describe the event, incident, or situation that resulted in the AED being brought to this Individual: _____

Was the AED applied to the Individual? Yes No

If Yes, describe what actions the AED advised and how many time the Individual was defibrillated: _____

Status of patient at the time EMS arrived:

Did Individual have a pulse? Yes No How was the pulse checked? _____
Was the Individual breathing? Yes No How was the breathing checked? _____

Name of person completing this form: _____ Contact Information: _____

Signature: _____ Date: _____

This report must be submitted to the Office of Enterprise Risk Management
***Any request for information regarding or produced by the use of the AED must be approved by the Office of**
Legal Counsel and the Office of Enterprise Risk Management

Office of Enterprise Risk Management
865 Research Parkway, Suite 520
Oklahoma City, OK. 73104
Office: 405.271.3287; Fax: 405.271.3208

Attachment D